

## TRAVEL EXPENSE CLAIM

**See Instructions and Privacy  
Statement on Reverse Side**

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STD 262 (REV 10/92)

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Aaron McLearn						
POSITION		CB/ID NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Press Secretary			Governor's Office			
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
			State Capitol			
CITY	STATE	ZIP	CITY	STATE	ZIP	
			Sacramento	CA	95814	

[illegible]

CLAIM TOTAL

464.66

~~\$470.66~~

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staffed Governor in Southern California.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

**USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754.

pertaining to vehicle sr.

— Judge

CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE \_\_\_\_\_

4/5/10

DATE

SIGNATURE OF ?

RITY FOR SPECIAL EXPENSES